


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000034167	
1. Entity Name BOCASA (FLORIDA) INC.	

Principal Place of Business C/O JANE LAMBERSON 8955 FONTANA DEL SOL WAY NAPLES, FL 34109 US	Mailing Address C/O JANE LAMBERSON P.O BOX 111419 NAPLES, FL 34103 US
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DO NOT WRITE IN THIS SPACE



04232005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0753893	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LAMBERSON, JANE 8955 FONTANA DEL SOL WAY NAPLES, FL 34109	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CALMES, JEAN 4 RUE DU PARC L-5374 GR D OF LUXEMBOURG,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMBERSON, JANE E 8955 FONTANA DEL SOL WAY NAPLES, FL 34109
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**DO NOT WRITE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jane E. Lamberson Director 4/25/05 (231) 262-0170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____
JANE E. LAMBERSON